Hawaii Isolation and Control Requirements

January 1, 1998

Any person informed by the department, a private physician, or hospital that he or she has or is suspected of having a communicable disease for which isolation is required, shall remain isolated in the manner prescribed by the department of health. Isolation shall include exclusion from school and workplace, and restriction from food handling and direct care occupations. It is the responsibility of the principal or director in charge of a school to prohibit any student diagnosed or suspected of having a communicable disease for which isolation is required from attending school until the expiration of the prescribed period of isolation. Parents, guardians, custodians or any other person in loco parentis shall not permit any child diagnosed or suspected of having a communicable disease for which isolation is required to attend school or to be present at any public gatherings until the expiration of the prescribed period of isolation. No person diagnosed or suspected of having a communicable disease for which isolation is required shall engage in any employment in which transmission of disease is likely to occur until expiration of the prescribed period of isolation. Every health care provider shall report immediately to the department any violation of such isolation directive.

The diseases described below are declared by the Director of Health to be a threat to the public health. Restrictions shall be imposed on cases, suspected cases, and contacts of cases to the degree and for the duration indicated below.

Note: See page 4 for definitions of key terms

| Disease | For Cases and Suspected Cases | For Contacts |
|---|---|--|
| AIDS (Acquired Immunodeficiency Syndrome, CDC case definition) | None | None |
| Amebiasis | Restrict from food handling and direct care occupations until chemotherapy is completed. | None |
| Anthrax | None | None |
| Botulism, foodborne | None | None |
| Botulism, infant | None | None |
| Brucellosis | None | None |
| Campylobacteriosis | Restrict from food handling and direct care occupations until asymptomatic. | None |
| Chickenpox (varicella) | Non-hospitalized persons: restrict from school, work, or other public places including hotel lobbies, restaurants and airplanes for 5 days after skin lesions appear. Hospitalized persons: airborne and contact precautions until at least 5 days after the eruption appears or until vesicles become dry. | None |
| Chlamydia (<i>Chlamydia</i> trachomatis) | None | None |
| Cholera | Restrict from foodhandling until asymptomatic. | None |
| Congenital Rubella Syndrome | None | None |
| Cryptosporidiosis | Restrict from food handling and direct care occupations until asymptomatic. | None |
| Dengue | None | None |
| Diphtheria | Droplet precautions for pharyngeal diphtheria, contact precautions for cutaneous diphtheria; Maintain isolation until two cultures from both throat and nose (skin lesions in cutaneous diphtheria) taken ≥ 24 hours apart, and not less than 24 hours after cessation of antimicrobial therapy, fail to show diphtheria bacilli. | Exclude from occupations involving food handling or close association with children until proven culture negative. |
| Enterococcus, vancomycin resistant | None | None |
| Escherichia coli O157:H7 | Restrict from food handling, direct care occupations and school until asymptomatic and stool culture negative. | None |
| Filariasis | None | None |

| Disease | For Cases and Suspected Cases | For Contacts |
|--|--|--|
| Fish poisoning (ciguatera and scombroid) | None | None |
| Foodborne illness (2 or more ill persons eating either a common food or at a place in common) | Restriction from food handling and direct care occupations may be required; refer to specific agent. | Restriction from food handling and direct care occupations may be required; Refer to specific agent. |
| Giardiasis | None | None |
| Gonococcal disease | None | None |
| Haemophilus influenzae (meningitis, bacteremia, epiglottitis, pneumonia, or isolation from a normally sterile site) Report serotype if available. | Droplet precautions until 24 hours after the start of effective antibiotic therapy. | None |
| Hansen's disease | None | None |
| Hantavirus Disease | None | None |
| Hepatitis A | Restrict from food handling and direct care occupations for first two weeks of illness, but no more than 1 week after jaundice. For preschool children restrict from daycare for 10 days after diagnosis. | Restrict from food handling until laboratory tests confirm contact is free of HAV infection. |
| Hepatitis B (acute) | None | None |
| Hepatitis C | None | None |
| Hepatitis Non-A Non-b | None | None |
| Hemolytic uremic syndrome | Restriction may be required; refer to specific agent. | None |
| Influenza, outbreak | Hospitalized persons: droplet precautions for 5 days. | None |
| Legionellosis | None | None |
| Leptospirosis | None | None |
| Listeriosis | None | None |
| Malaria | None | None |
| Measles (rubeola) | Non-hospitalized persons: restrict from school, work, or other public places including hotel lobbies, restaurants and airplanes for 4 full days after appearance of the rash. Hospitalized patients: airborne precautions until 4 full days after appearance of the rash. | Exclude susceptible contacts from school, workplace and other group settings from the 7th through the 18th day after exposure. |
| Meningococcal disease (meningitis, meningococcemia, or isolation from a normally sterile from a normally sterile site. | Droplet precautions until 24 hours after the start of effective antibiotic therapy. | None |
| Mumps | Non-hospitalized persons: restrict from school, work, or other public places including hotel lobbies, restaurants and airplanes for 9 days after onset of swelling or parotitis. Hospitalized patients: droplet precautions until 9 days from onset of swelling or parotitis. | Exclude susceptible contacts from school, workplace and other group settings from the 12th through the 25th day after exposure. |
| Pelvic inflammatory disease (PID) | None | None |
| Pertussis | Non-hospitalized persons: restrict from school, work, or other public places including hotel lobbies, restaurants and airplanes until 5 days of a minimum 14-day course of antibiotics has been completed or until 3 weeks after the onset of paroxysmal cough. Hospitalized persons: droplet precautions until 5 days of a minimum 14-day course of antibiotics has been completed or until 3 weeks after the onset of paroxysmal cough. | Exclude household and other close contacts from school, workplace and other group settings until completion of 5 days of a minimum 14-day course of antibiotics or for 14 days from last exposure. |
| Plague | Droplet precautions for pneumonic plague until completion of 3 full days of appropriate antibiotic therapy with a favorable clinical response. | None |
| Pneumococcal pneumonia | None | None |
| Poliomyelitis | None | None |

| Disease | For Cases and Suspected Cases | For Contacts |
|---|--|--|
| Psittacosis | None | None |
| Rabies | Contact precautions for respiratory secretions for duration of illness. | None |
| Rubella | Non-hospitalized persons: restrict from school, work, or other public places including hotel lobbies, restaurants and airplanes for 7 days after appearance of the rash. Hospitalized patients: droplet precautions until 7 days after appearance of rash. | Exclude susceptibles from school, workplace and other group settings from the 14th through the 23rd day after exposure. |
| Salmonellosis (other than typhoid) | Restrict from food handling and direct care occupations until 2 consecutive stool cultures, collected ≥ 24 hours apart, and not less than 48 hours after cessation of antimicrobial therapy, are negative for <i>Salmonella</i> . | Restrict from foodhandling and direct care occupations until stool is known to be culture negative. |
| Shigellosis | Restrict from food handling and direct care occupations until 2 consecutive stool samples or rectal swabs collected ≥ 24 hours apart, and not less than 48 hours after cessation of antimicrobial therapy are negative for <i>Shigella</i> . | Restrict from foodhandling and direct care occupations until stool is known to be culture negative. |
| Streptococcal disease, Group A (beta hemolytic, invasive disease not including pharyngitis) | Exclude from foodhandling until 48 hours after the start of effective antibiotic therapy. | None |
| Syphilis | None | None |
| Tetanus | None | None |
| Toxoplasmosis | None | None |
| Trichinosis | None | None |
| Tuberculosis | Restrict from school and workplace until sputum smear negative. Hospitalized patients: Airborne precautions. Discontinue precautions <i>only</i> when TB patient is on effective therapy, is improving clinically, and has three consecutive negative sputum smears collected on different days. | None |
| Typhoid Fever | Restrict from food handling and direct care occupations until 3 consecutive negative stool cultures are obtained from stools collected ≥ 24 hours apart, and not less than 48 hours after cessation of antimicrobial therapy, and not earlier than 1 month after onset. | Restrict from food handling and direct care occupations until 2 consecutive negative stool cultures are obtained from stools collected ≥ 24 hours apart. |
| Typhus (louse, flea, mite-borne) | None | None |
| Vibriosis (other than <i>cholerae</i>) | Restrict from food handling until asymptomatic. | None |
| Yellow fever | None | None |
| Yersiniosis (other than plague) | Restrict from food handling and direct care occupations until asymptomatic. | None |

DEFINITIONS:

Contact - a person who has been in such an association with an infected person or animal or a contaminated environment as to have had an opportunity to acquire the infection.

Airborne precautions - measures intended to prevent transmission of infection by airborne droplet particles containing microorganisms that remain suspended in the air and that can be widely dispersed by air currents. In addition to standard precautions, a private, negative air pressure isolation room is indicated; however, patients infected with the same organism may share the same isolation room. Respiratory protection should be worn by all susceptible persons entering the isolation room. Patient transport should be minimized.

Contact precautions - measures intended to prevent infection by microorganisms transmitted via direct contact with a patient or by indirect contact with environmental surfaces or patient-care items in the patient's environment. In addition to standard precautions, a private room is indicated, but patients infected with the same organism may share a room. Masks are indicated for those in close contact with the patient; gowns should be worn if soiling is likely; gloves are indicated if touching potentially infectious surfaces.

Direct care occupations - any occupational activity that has the potential to result in the transmission of infectious microorganisms from a care-giver to persons receiving care. Direct care occupations include persons engaged in providing care to children, patients, the elderly, or infirm.

Droplet precautions - measures intended to prevent infection by microorganisms transmitted via relatively large droplets that can be generated by a patient while coughing, sneezing, and talking. In addition to standard precautions, a private room is indicated, but patients infected with the same organism may share a room. Masks are indicated for those in contact with the patient. Gowns and gloves are not required.

Foodhandling - any contact with food, beverages, or materials and/or items used in their preparation that has the potential to result in the transmission of infectious microorganisms via ingestion of the food and/or beverage. Examples of foodhandling include (but are not limited to) transporting food or food containers, preparation or service of food, and contact with utensils or food associated equipment.

Standard precautions - measures intended to prevent transmission of infectious microorganisms that should be employed with all patients receiving care, regardless of their diagnosis or presumed infection status. In general terms these measures include handwashing with appropriate soap after each contact with potentially infectious materials, between patients and when indicated, between different sites on the same patient; wearing gloves when touching blood, body fluids, secretions, excretions, and contaminated items; wearing masks and eye protection for patient care activities likely to generate splashes; wearing gowns for patient care activities that are likely to generate splashes or sprays in order to protect skin, clothing and mucous membranes; appropriate handling and disinfection of patient care equipment; and routine implementation of environmental cleaning and disinfection procedures.